

Engineering Dean's Office Reimbursement Request Form

EVENT

Name/Purpose of Event _____

Date of Event _____

Please attach the following: itemized receipt, transaction receipt, list of attendees, event flyer/brochure/email announcement with date/time & purpose of event.

PURCHASE

Name of Purchaser: _____

Organization Purchase was made for: _____

Use table below to list purchase(s):

Date of Purchase	Vendor	Item	Purpose	Cost
TOTAL				

Individual reimbursement information:

Name _____

Student I.D. Number _____

Phone Number _____

Home Address _____

City _____ State _____ Zip Code _____

Email Address _____

★ It is up to you to be sure the address we have on file is correct ★

APPROVED BY _____

Request Turned In By (Name) _____ Date _____

• _____ •
Office Use only

Account Number	Budget Category